

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/762719** FILING DATE **09 FEB 2001**
APPLICANT(S) *J. Gengen*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
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50						
TOTAL IND.			2			
TOTAL DEP.			9			
TOTAL CLAIMS			11			

*	IND.	DEP.	*	IND.	DEP.	*
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